

L21000100571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

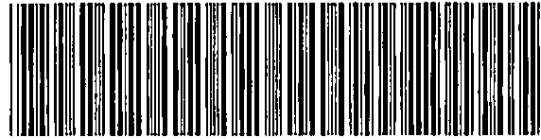
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/25/21
TM

Office Use Only



800363234698

04/05/21--01020--004 **25.00

APR 21 2021 10:25 AM
STATE OF TEXAS
COMMISSION OF SUPERIOR COURTS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 300NE12AVE107 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yuri Klebanov

Name of Person

300NE12AVE107 LLC

Firm/Company

56 VAN ORDEN AVE

Address

SUFFERN, NY 10901

City/State and Zip Code

vonabelkinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yuri Klebanov

973

495-92-94

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

FILED
IN THE CLERK'S OFFICE OF THE
STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

21 APR -5 AM 10: 25 Type of Action

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	YURI KLEBANOV	56 VAN ORDEN AVE	<input type="checkbox"/> Add
		SUFFERN, NY 10901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	YURI KLEBANOV	56 VAN ORDEN AVE	<input checked="" type="checkbox"/> Add
		SUFFERN, NY 10901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

